FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Jan 16 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P95000029137 (3) GMN-TIFFANY SQUARE, INC. Principal Place of Business Mailing Address 1460 BRICKELL AVE 1460 BRICKELL AVE SUITE 309 MIAMI FL 33131 DO NOT WRITE IN THIS SPACE MIAMI FL 33131 3. Date Incorporated or Qualified 04/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0695815 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DERAMON, GONZALO 1460 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 309 83 **MIAMI FL 33131** 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1/2 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TITLE Change Addition TITLE PD reasurer Gonzalo De Ramon 1460 Brickell Am. #309 Migni FC 3313/ DOMINGUEZ, AGUSTIN NAME 1.2 NAME 1460 BRICKELL AVE #309 STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL 33131 Migmi CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition omptrolker TITLE VD 2171717 SIBLEY, RUSSELL JR. Mario A. Sarial 2.2 NAME NAME 1460 Brickell Ave. Man: FL 3313 STREET ADDRESS 1460 BRICKELL AVE. #309 2.3 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE ANDERSON, EUGENIA NAME 3.2 NAME 1460 BRICKELL AVENUE, #309 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE Addition 6.1 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

NAME

STREET ADDRESS

SIGNATURE:

FILED

(10/97